

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09 810 469 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	/					
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TOTAL IND.	1					
TOTAL DEP.	2	↓	↓	↓	↓	↓
TOTAL CLAIMS	3	[]	[]	[]	[]	[]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS		[]	[]	[]	[]	[]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS